

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p><b>Complete if Known</b></p>													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/580,648-Conf. #5783</td> </tr> <tr> <td>Filing Date</td> <td>February 12, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Masaru TANAKA</td> </tr> <tr> <td>Examiner Name</td> <td>A. M. Iwamaye</td> </tr> <tr> <td>Art Unit</td> <td>3774</td> </tr> <tr> <td>Attorney Docket No.</td> <td>4252-0119PUS1</td> </tr> </table>		Application Number	10/580,648-Conf. #5783	Filing Date	February 12, 2007	First Named Inventor	Masaru TANAKA	Examiner Name	A. M. Iwamaye	Art Unit	3774	Attorney Docket No.	4252-0119PUS1
Application Number	10/580,648-Conf. #5783														
Filing Date	February 12, 2007														
First Named Inventor	Masaru TANAKA														
Examiner Name	A. M. Iwamaye														
Art Unit	3774														
Attorney Docket No.	4252-0119PUS1														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$ ) 130.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$ ) 130.00												
TOTAL AMOUNT OF PAYMENT	(\$ ) 130.00														

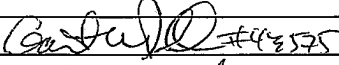
  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							
Each claim over 20 (including Reissues)							52    26
Each independent claim over 3 (including Reissues)							220    110
Multiple dependent claims							390    195
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
11 - 20 or HP		0	x 52.00 =	0.00			
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
1 - 4 or HP		0	x 220.00 =	0.00			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 100 = _____		/50 = _____	(round up to a whole number) x _____		= _____		
<b>4. OTHER FEE(S)</b>							<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							130.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	32,181
Name (Print/Type)	Marc S. Weiner	Telephone	(703) 205-8000
		Date	June 4, 2009